GIFD CCD P	- 1051	THE DIVISION OF HE			4	3334
FEB 5	5 1951	STANDARD CERTIF	CATE OF DEA	NTH Sta	te File No. 4	3534
BIRTH NO	R	EG. DIST. NO. 102	PRIMARY REG. DIST.	NO 54/6 Reg	istrar's No	3
1. PLACE OF DEAT			2 USUAL RESID	ENCE (Where deceased	lived. If institut	ion: residence before
Danktin			a. STATE Misso		Dunk.	
b. CITY (If outside corporate limits, write RURAL and give CR township) STAY (in this place) TOWN Cardwell			NI OK	porate limite, write RURAL Cardwell	and give township	0350
d. FULL NAME OF (11 I HOSPITAL OR INSTITUTION &	t home	ution, give street address or location)	d. STREET ADDRESS	(If rural, give location) Route 1		
3. NAME OF 8. DECEASED	(First)	b. (Middle)	c. (Last)	4. DATE	(Month) (	Day) (Year)
(Type or Print) J	essie	Love	Taylor		cember	
мС	W	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH November 14		ears IF UNDER 1 YE	AR IF UNDER 14 HRS.
10a. USUAL OCCUPATION (Gwekind of work done during most of working life, even if retired)		b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State		12.	CITIZEN OF WHAT
		1,1	Lipkensvi		<u>/</u>	OUSA'
Joe Tayl	or	136. MOTHER'S MAIDEN unknown		14. NAME OF HUSBA		
(Yes, no. or unknown) (If yes	N U.S. ARMED FOR			s signature or ad Taylor,		ADDRESS
*This does not mean the mode of dying, such as heart fallure, asthenia;	ANTECEDENT CAUSE	TO DEATH*(a) MYDC A  TO DEATH*(a) MYDC A  TS  any, gioing DUE TO (b) MA  (a) stating		LURE		NTERVAL BETWEEN ONSET AND DEATH
ease, injury, or complica- tion which caused death.	OTHER SIGNIFICA	IIFICANT CONDITIONS  iibuting to the death but not ease or condition causing death.				153×
19a. DATE OF OPERA-1 19	b. MAJOR FINDING	S OF OPERATION	1839 S.C. Digarata and A. Cia ad-	Allegan and services	į.	). AUTOPSY1
<u></u>	र स्थादिलदेशै अस्त्राप			and the second second second second		YES . NO
21a. ACCIDENT (Sp SUICIDE HOMICIDE		PLACE OF INJURY (e.g., in or about , farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR 1	rownship) et magaza (C	YET Y	F (STATE)
21d. TIME (Month) ( OF INJURY	Day) (Year) (Hour	21e, INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	lioball	
22. I hereby certify that alive on 12-17	t I attended the d	leceased from 12 – 10 and that death occurred at .	3:40am., from th	$\frac{2-17}{2}$ , 1950, e causes and on the	that I last so date stated a	w the deceased bove.
23a. SIGNATURE	llion	Signature (Degree or title)	23b. ADDRESS	velle bro		c. DATE SIGNED
24a. BURIAL, CREMA- TION REMOVAL (Specify) OUTIBL //	245. DATE 12-20-50	24c. NAME OF CEMETER Bethney		Melden - M		(State)
DATE REC'D BY LOCAL	REGISTRAR'S SIGN	ATURE 85	25. FUNERAL DIRECT	OR'S SIGNATURE	ADDR	E 53
1-10-57	20019	Harrison 1	A. J. Emer	son, Parag	ould, A	rk.
		(Licensed Embalmer's S	tatement on Reverse Side	)		

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-2-51
COUNTY FILE NUMBER 251-25

AUG 20 1956

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.2		STATEMENT B	Y LICENSED	<b>EMBALMER</b>

I hereby territy that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalmer No
working under my personal supervision.	

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.